

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Variable Lossy Compression

the specification of which:

☐ is attached hereto.

☒ was filed on August 28, 2001.

☐ under Application No. _____.

☐ with Express Mail No. _____ (Application Number not yet known).

☐ was described and claimed in PCT International Application No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, code of Federal Regulations, Section 1.56(a).

I hereby appoint all registered practitioners associated with **Customer Number 021876** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to:

Customer Number 021876

Direct all telephone calls to John F. Horvath, Reg. No. 47,663 at telephone number (650) 322-5070.

☒ For Assigned Inventions: I understand that the purpose of making this appointment is to permit prosecution of patent applications for the above-identified invention for the benefit of my assignee, and that this appointment does not create an attorney-client relationship between me and these appointees.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: JON D. CLAUSON

Inventor's signature _____

Date: _____

Residence: Maple Grove, MN
Citizen of: United States
Post Office Address: 9329 Tewsbury Gate
Maple Grove, MN 55311